U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only AUG 1 1 2005 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E	
1. File Number U - [	2, Fiscal Year Covered From:
	61 61 / 2004 Through: [2] 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MARLIN B MCCURDY	Name INT. Butherhood of Bulermakers
	Labor Organization File Number 242 070540
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 68/5 N. OLFURO LN	Street 6404 N Pittsburg
city Spokane	city Spokane
State Wa ZIP Code + 4 99208	State WA ZIP Code + 4 99217-75
5. Position in labor organization.  Bus - Mign Sec - TREAS,	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trace name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name WESTERN STATES Joint Air RENTICE Ship COMM	in Phoenic, asign 12/14/2004
Trade Name, if any: WS JAC.	Dinner ( Point Hillon
P.O. Box, Bldg., Room No., if any P.O. Br. 1460	7.b. Amount
Street 119 West Main STREET	
city East Helena,	\$ 48.00
State Montana ZIP Code + 4 59635	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Marlin B. Mc Rudy	On 67-27-27 5 509-328-72.94  Date Telephone Number